IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS

IN RE THE GENERAL ADJUDICATION OF RIGHTS TO THE USE OF WATER FROM THE COEUR D'ALENE-SPOKANE RIVER BASIN WATER SYSTEM CIVIL CASE NUMBER: 49576
Ident. Number 45 10430 94 -9416
Date Received: 4//7/9
Receipt No: 020346 C
Received By:

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED UNDER STATE LAW

P etc	For Domestic and/or Stockwater Purposes LIULNG TRUSWhere Daily Use is less than 13,000 gallons per day
1.	Name of Claimant(s) FRED H. MUH5 Phone 208) 489-33
	Mailing Address 544935, Hwy 91 STAMARIES TZip 83861
	Date of Priority: (Only one per claim)
3.	Source of water supply (Check one) Ground Water () (a)
	which is tributary to (b)
4.	Location of Point of Diversion is: Township 47N, Range 3W, Section 08
	SW 1/4 of NE 1/4, or Govt. Lot BM. County of ROOTENA!
I	Parcel (PIN) no. 47 N 03 W 08/400
	Additional points of diversion if any: 47N 3W 08 SW NE
١	f available, GPS coordinates:
ore	Description of diverting works (Wells, Pumps, Spring boxes, Pipelines, Etc.) including the dates of any changes enlargements in use, the dimensions of the diversion works as constructed and as enlarged and the depth of the well.
6.	Water is claimed for the following: (limited to Domestic and/or Stockwater uses. See page 1 of the instructions.)
	For DONESTIC purposes from AUT to Dec31 amount 0.04
	For 5 TO LL WATER purposes from MAN to DEE3 amount 0-83
7.	Fotal Quantity claimedcfs()or AFY()
8. 1	Non-irrigation uses. Describe fully. (eg. Domestic: _give number of households served if single ownership;
	Stockwater and Number of livestock) 40 HEAD / HOHE

9. Location of Place of Use is: Township $47N$, Range 3ω , Section 8	
9. Location of Place of Use is: Township 4770, Range 360, Section 7, Section 7, Section 7, Section 8, Section 8, Section 8, Section 9, Section	_
for (Check One) Domestic () Stock () Domestic and Stock ()	
Additional places of use, if any	_
10. In which county (ies) are lands listed above as place of use located? KoorEAMT	_
11. Do you own the property listed above as place of use? Yes () No ()	
If the answer is No, describe in Remarks below the authority you have to claim this water right. 12. Describe any other water rights used at the same place and for the same purposes as described above.	
or None of	^
13. Remarks:	')
14. Basis of Claim (Check One) Beneficial Use (Posted Notice () License () Permit () Decree ()	
Court Decree Date Plaintiff v. Defendant	
If applicable provide IDWR Water Right Number	
15. Signature(s) (a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "Ho you will receive notices in the Coeur d'Alene-Spokane River Basin Adjudication." (b.) I/We do () do not () wish to receive and pay a small annual fee for monthly copies of the docket sheet.	W
Number of attachments:	
For Individuals: I/We do solemnly swear or affirm under penalty of perjury that the statements contained in the	
foregoing document are true and correct. Signature of Claimant (s) Date: 4//7	lo
foregoing document are true and correct. Signature of Claimant (s) Date:	la
Signature of Claimant (s) Date: 4/17	la
Signature of Claimant (s) Date: Por Organizations: I do solemnly swear or affirm under penalty of perjury that I am of	los
Signature of Claimant (s) Date: Dat	100
Signature of Claimant (s) Date: For Organizations: I do solemnly swear or affirm under penalty of perjury that I am Title Organization Title Organization Organization	los
Signature of Claimant (s) Date: For Organizations: I do solemnly swear or affirm under penalty of perjury that I am Organization Title Organization That I have signed the foregoing document in the space below as of	la
Signature of Claimant (s) Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date:	Los
Signature of Claimant (s) Date: For Organizations: I do solemnly swear or affirm under penalty of perjury that I am Organization Title Organization Title Organization Title Organization and that the statements contained in the forgoing document are true and correct.	
Signature of Claimant (s) Date:	1
For Organizations: I do solemnly swear or affirm under penalty of perjury that I am	3
Signature of Claimant (s) Date: For Organizations: I do solemnly swear or affirm under penalty of perjury that I am of Organization Title Title Organization Title Organization and that the statements contained in the forgoing document are true and correct. Signature of Authorized Agent Title and Organization Title and Organization 16. Notice of Appearance: Notice is hereby given that I,, will be acting as attorney at law behalf of the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.	1